



# City of Williams

## Annual Business License APPLICATION

FOR OFFICE USE ONLY

License # \_\_\_\_\_

Fee Paid \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Received by \_\_\_\_\_

This application must be filed and a license obtained before you can lawfully engage business in Williams Arizona. A license is necessary for each business location. Application fee is non-refundable and License issued is non-transferable. All businesses in the City must comply with all ordinances/regulations and requirements affecting public peace, health and safety. A new license is required if ownership changes. **Annual Renewals are due February 15th of each year.**

Application Fee \$25.00

Application Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Business Name \_\_\_\_\_ Business Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
(Individual, company or "d.b.a.")

Business Location \_\_\_\_\_

Fax ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Federal Tax ID or Social Security number \_\_\_\_\_

Contractors License number \_\_\_\_\_

### **\*Arizona Privilege Tax License Number**

PLEASE ATTACH A COPY OF YOUR "TPT" LICENSE OR THE FIRST PAGE OF YOUR "TPT" APPLICATION

*\*All businesses required to collect Transaction Privilege Tax Must Have Arizona Transaction Privilege Tax Number*

### **Reason for Application:**

New Business ( )

Renewal ( )

Location Change ( )

Name Change ( )

New Owner of Existing Business ( )

Date Business Started in Williams \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Business Classification:** *(Check box(es) that apply)*

Retail Trade ( ) Hotel/Lodging ( ) Bar ( ) Restaurant ( )

Liquor ( ) Rentals/Residential ( ) Rentals/commercial ( )

Construction ( ) Manufacturing ( ) Print/Publishing ( )

Advertising ( ) Transportation ( ) Mining ( )

Leases & Rentals of Tangible Personal Property/Equipment ( )

Amusements ( ) Service ( ) Utilities/Communications ( )

Other ( ) \_\_\_\_\_

Name of Activity, Service, or Product Sold *(be specific)* \_\_\_\_\_

Type of Ownership: ( ) Individual ( ) Partnership ( ) Corporation

( ) Other \_\_\_\_\_

*(continued on reverse)*

**OWNER/OFFICER/PARTNER INFORMATION:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Business Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Fax ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Business Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Fax ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Business Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Fax ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Email Address \_\_\_\_\_

Accounting Record Location \_\_\_\_\_

Name \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_

Do you own your business premises? Yes ( ☐ ) No ( ☐ ) If no, please complete the following:

Landlord Name \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_

*I certify that the statements made in this application are true and complete to the best of my knowledge. Incomplete applications may not be processed.*

\_\_\_\_\_  
Signature of Owner, Partnership or Corporate Officer

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Print Name of Owner, Partner or Corporate Officer

CITY OF WILLIAMS  
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